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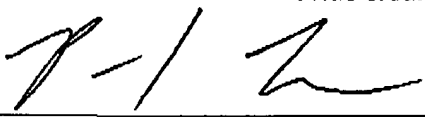
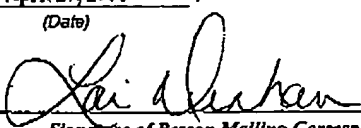
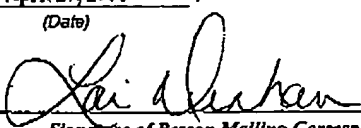
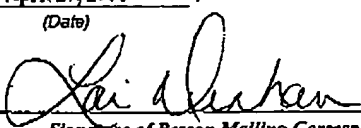
To: Examiner Thomas Sweet, Art Unit 3738
Of: U.S. Patent and Trademark Office
From: Rosenbaum & Associates, P.C.
Client/Matter: 6006-146
Date: Thursday, April 27, 2006

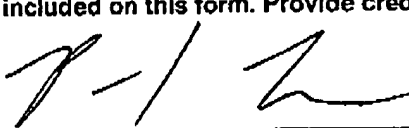
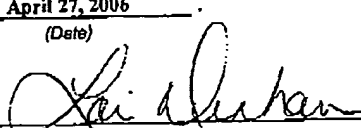
DOCUMENTS	NUMBER OF PAGES
Transmittal document	1
Amendment Transmittal Letter (1 page in duplicate)	2
Amendment and Response to Final Office Action	14
TOTAL	17

COMMENTS: In Re: U.S. Serial No. 10/803,392
Applicant: C. Banas, et al.
Attorney Docket No. 6006-146

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 6006-146													
Applicant(s): C. Banas, et al.																		
Application No. 10/803,392	Filing Date 3/18/04	Examiner Thomas Sweet	Customer No. 29,335	Group Art Unit 3738	Confirmation No. 5517													
Invention: ENDOLUMINAL STENT HAVING MID-STRUT INTERCONNECTING MEMBERS																		
						RECEIVED CENTRAL FAX CENTER												
<u>COMMISSIONER FOR PATENTS:</u>						APR 27 2006												
Transmitted herewith is an amendment in the above-identified application.																		
The fee has been calculated and is transmitted as shown below.																		
CLAIMS AS AMENDED																		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE													
TOTAL CLAIMS	10 -	20 =	0	x \$50.00	\$0.00													
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00													
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00													
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00													
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 18-2000 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.																		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																		
 _____ Signature			Dated: April 27, 2006															
Paul J. Lee (Reg. No. 52,420) ROSENBAUM & ASSOCIATES, P.C. 650 Dundee Road Suite #380 Northbrook, IL 60062 Tel.: (847) 770-6000 Fax: (847) 770-6006			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td style="text-align: center;">April 27, 2006</td> <td></td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">  _____ Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;">Lori Dunham</td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		April 27, 2006		(Date)		 _____ Signature of Person Mailing Correspondence		Lori Dunham		Typed or Printed Name of Person Mailing Correspondence	
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CC:																		

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Transmitted herewith is an amendment in the above-identified application.						
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CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	10 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 18-2000 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

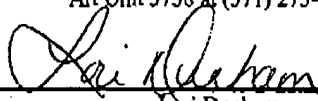
Applicant:	Banas et al.	Attorney Docket:	6006-146
Serial No.:	10/803,392	Examiner:	Sweet, Thomas
Filed:	03/18/2004	Art Unit:	3738
Title:	Endoluminal Stent Having Mid-Strut Interconnecting Members		

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I certify that this document (along with any documents referenced as being included herewith) is being transmitted on April 27, 2006 to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, ATTN: Examiner Thomas Sweet, Art Unit 3738 at (571) 273-8300.


Lori Dunham

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

Dear Sir:

In response to the Final Office Action of March 8, 2006, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.